

State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All covered medically needy groups

The following ambulatory services are provided.

The amount, duration and scope of services provided medically needy groups is the same as provided categorically needy groups with the same limitations as described in Attachment 3.1-A.

Ambulatory services provided are:

440.20
440.30
440.40(b)(c)
440.50
440.60
440.90
440.100
440.110(a)(c)
440.120(a)(1)(d)

*Description provided on attachment.

TN No. 86-8
Supersedes
TN No. 82-7

Approval Date JUN 23 1987

Effective Date OCT 01 1986

HCFA ID: 0140P/0102A

State/Territory: West Virginia

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

1. Inpatient hospital services other than those provided in an institution for mental diseases.

☒ Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

☐ Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic which are otherwise covered under the plan.

☒ Provided: ☒ No limitations ☐ With limitations*

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

☒ Provided: ☐ No limitations ☒ With limitations

3. Other laboratory and X-ray services.

☒ Provided: ☒ No limitations ☐ With limitations*

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

☒ Provided: ☐ No limitations ☒ With limitations*

- b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.*

☒ Provided

- c. Family planning services and supplies for individuals of childbearing age.

☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

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TN No. 90-02

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AUGUST 1991

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State/Territory: West Virginia

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

5.a. Physicians' services, whether furnished in the office, the patient's home, a hospital, a nursing facility, or elsewhere.

☒ Provided: ☐ No limitations ☒ With limitations*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 92-01

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State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. Podiatrists' Services

☒ Provided: ☒ No limitations ☐ With limitations*

b. Optometrists' Services

☒ Provided: ☐ No limitations ☒ With limitations*

c. Chiropractors' Services

☒ Provided: ☐ No limitations ☒ With limitations*

d. Other Practitioners' Services

☒ Provided: ☐ No limitations ☒ With limitations*

7. Home Health Services

a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

☒ Provided: ☒ No limitations ☐ With limitations*

b. Home health aide services provided by a home health agency.

☒ Provided: ☒ No limitations ☐ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the home.

☒ Provided: ☐ No limitations ☒ With limitations*

d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☒ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 86-8
Supersedes
TN No. 82-2

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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NECESSARY SERVICES

State/territory: _____
Case #/eligible _____

3.	Private duty nursing services.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
9.	Clinic services.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
10.	Dental services.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
11.	Physical therapy and related services.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
a.	Physical therapy.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
b.	Occupational therapy.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
c.	Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
12.	Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
a.	Prescribed drugs.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations
b.	Dentures.	<input checked="" type="checkbox"/> Provided	<input type="checkbox"/> No limitations	<input checked="" type="checkbox"/> With limitations

*Description provided on attachment.

TM No. 96-09
Supersedes
TM No. 92-01

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SEP 20 1996

Effective date
APR 01 1996

State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

- c. Prosthetic devices.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Eyeglasses.
☒ Provided: ☐ No limitations ☒ With limitations*
13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Screening services.
☐ Provided: ☐ No limitations ☐ With limitations*
- c. Preventive services.
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Rehabilitative services.
☒ Provided: ☐ No limitations ☒ With limitations*
14. Services for individuals age 65 or older in institutions for mental diseases.
- a. Inpatient hospital services.
☐ Provided: ☐ No limitations ☐ With limitations*
- b. Skilled nursing facility services.
☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

TN No. 92-05

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TN No. 86-08 91-12

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HCFA ID: 0140P/0102A

State/Territory: West Virginia

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

c. Intermediate care facility services.

☒ Provided: ☐ No limitations ☐ With limitations*

15. a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined in accordance with section 1902(a)(31)(a) of the Act, to be in need of such care.

☒ Provided: ☐ No limitations ☐ With limitations*

- b. Including such services in a public institution (or distinct part thereof) for the mentally retarded or persons with related conditions.

☒ Provided: ☐ No limitations ☐ With limitations*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

☒ Provided: ☐ No limitations ☐ With limitations*

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☐ With limitations*

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

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State: West Virginia

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

19. Case management services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

☒ Provided: ☐ With limitations

☐ Not provided.

20. Extended services to pregnant women.

- a. Pregnancy-related and postpartum services for a 60-day period after the pregnancy ends and any remaining days in the month in which the 60th day falls.

☒ Provided: ☐ Additional coverage ⁺⁺

- b. Services for any other medical conditions that may complicate pregnancy.

☒ Provided: ☐ Additional coverage ⁺⁺

☐ Not provided.

- c. Services related to pregnancy (including prenatal, delivery, postpartum, and family planning services) and to other conditions that may complicate pregnancy to individuals covered under section 1902(a)(10)(A)(ii)(IX) of the Act.

☒ Provided: ☒ Additional coverage ⁺⁺

☐ Not provided.

- + Attached is a list of major categories of services (e.g., inpatient hospital, physician, etc.) and limitations on them, if any, that are available as pregnancy-related services or services for any other medical condition that may complicate pregnancy. Recipient is eligible for all Medicaid covered services as described in 3.1-A and 3.1-B.
++ Attached is a description of increases in covered services beyond limitations for all groups described in this attachment and/or any additional services provided to pregnant women only.

*Description provided on attachment.

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Supersedes

TN No. 90-5

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6-17-92

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1-1-92

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State/Territory: West Virginia

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

b. Services of Christian Science nurses.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

c. Care and services provided in Christian Science sanatoria.

☐ Provided: ☐ No limitations ☐ With limitations*

☒ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

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State: West Virginia

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

g. Rural Primary Care Hospital services as defined Section 1820 of the Social Security Act and in the Regulations at 42 CFR 440.170, Subpart (g).

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JAN 01 1994

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State/Territory: WEST VIRGINIA

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

- 25 Home and Community Care for Functionally Disabled Elderly Individuals, as defined, described and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

____ Provided ____ Not Provided

- 26 Personal care services furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease that are (A) authorized for the individual by a physician in accordance with a plan of treatment, (B) provided by an individual who is qualified to provide such services and who is not a member of the individual's family, and (C) furnished in a home.

X Provided: ____ State Approved (Not Physician) Service Plan Allowed
____ Services Outside the Home Also Allowed
____ Limitations Described on Attachment
____ Not provided.

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2-1-96